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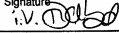
REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) J0658.0027
I hereby declare that: The residence, mailing address and citizenship of the inventors are stated below.		
I am authorized to act on behalf of the following assignee: <u>INFINEON TECHNOLOGIES AG</u> and the title of my position with said assignee is: <u>Both Auth. Pat. Adm.</u>		
The entire title to the patent identified below is vested in said assignee.		
Inventor <u>Holger Sedlak</u>	Citizenship <u>Germany</u>	
Residence/Mailing Address <u>Sauerlach-Lochhofen, Germany</u> <u>Kramergasse 2a; 82054 Sauerlach-Lochhofen; GERMANY</u>		
Inventor	Citizenship	
Residence/Mailing Address		
<input type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.		
Patent Number	Date of Patent Issued	
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">READ-ONLY MEMORY HAVING SPECIALLY OUTPUT CIRCUITS AND WORD LINE CONNECTED TO A GROUP OF MEMORY CELLS</div>		
the application of which <input type="checkbox"/> is attached hereto. <input checked="" type="checkbox"/> was filed on <u>February 14, 2001</u> as reissue application number <u>09/783,183</u> and was amended on _____ (if applicable)		
I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above.		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. <input checked="" type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/028 (or equivalent) listing the foreign applications.		
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input checked="" type="checkbox"/> by reason of other errors.		

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) J0658.0027									
At least one error upon which reissue is based is described as follows:											
The German priority document was not filed prior to the issuance of the patent. Therefore, the printed patent does not include the priority data that applicant wishes to obtain.											
[Attach additional sheets, if needed.]											
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.											
I hereby appoint:											
<input checked="" type="checkbox"/> Practitioners associated with Customer Number:		38881									
OR											
<input type="checkbox"/> Practitioner(s) named below:											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>		Name	Registration Number			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>		Name	Registration Number		
Name	Registration Number										
Name	Registration Number										
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.											
Correspondence Address: Direct all communications about the application to:											
<input checked="" type="checkbox"/> The address associated with Customer Number:		38881									
OR											
<input type="checkbox"/> Firm or individual Name		DICKSTEIN SHAPIRO LLP Laura C. Brutman									
Address		1177 Avenue of the Americas									
City	New York	State	NY								
Country	US	Zip	10036-2714								
Telephone	(212) 277-6500		Email								
WARNING:											
<p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p>											
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.											
Signature	<i>S. V. Noeldner</i>	Date	07/07/09								
Signature	<i>Iris Druckenbrod</i>	Date	07/07/09								
Full name of person signing: Noeldner Sandra		Full name of person signing: Druckenbrod Iris									
Address of Assignee Am Campeon 1-12 85579 Neubiberg GERMANY		(Both. Auth. Pat. Adm.)									

DECLARATION -- Supplemental Priority Data Sheet

Foreign applications:					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
195 45 557.6	DE	12/06/1995	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) J0658.0027	
<p>This is part of the application for a reissue patent based on the original patent identified below.</p>			
Name of Patentee(s) Holger Sedlak			
Patent Number 6,166,952		Date Patent Issued December 26, 2000	
Title of Invention READ-ONLY MEMORY HAVING SPECIALLY OUTPUT CIRCUITS AND WORD LINE CONNECTED TO A GROUP OF MEMORY CELLS			
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>			
<p>The assignee(s) owning an undivided interest in said original patent is/are <u>INFINEON TECHNOLOGIES AG</u> and the assignee(s) consents to the accompanying application for reissue.</p>			
Name of assignee/inventor (if not assigned) INFINEON TECHNOLOGIES AG			
Signature 	Date 7th July 2009	Signature 	Date 7th July 2009
Typed or printed name and title of person signing for assignee (if assigned) Noeldner Sandra Auth. Pat. Adm.		Typed or printed name and title of person signing for assignee (if assigned) Druckenbrod Iris Auth. Pat. Adm.	